

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/713,472
Filing Date	November 14, 2003
First Named Inventor	Charles A. Vacanti
Art Unit	1615
Examiner Name	
Attorney Docket Number	VAC 102 CON (2)

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

23579

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number:

23579

OR

Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

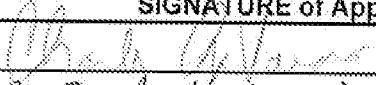
Fax

I am the:

Applicant/Inventor.

Assignee of record of a joint interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	CHARLES A. VACANTI, M.D.		
Date	11/11/04	Telephone	617-732-8211

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 123 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**REVOCATION OF POWER OF
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AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	Patent No. 6,171,610
Filing Date	Issued: January 9, 2001
First Named Inventor	Charles A. Vacanti
Art Unit	
Examiner Name	
Attorney Docket Number	VAC 102

I hereby revoke all previous powers of attorney given in the above-identified application.

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The address associated with
Customer Number: 23579

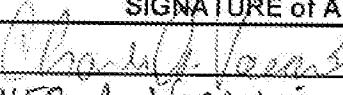
OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:

- Applicant/Inventor.
 Assignee of record of a joint interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	CHARLES A. VACANTI, M.D.		
Date	12/9/04	Telephone	617-732-8211

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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